



EMPLOYMENT APPLICATION

The State Gaming Control Board is an Equal Opportunity Employer

	INSTRUCTIONS				
1.	Upon completion, please send this application to: State Gaming Control Board, P.O. Box 8003, Carson City, Nevada 89702-8003.	Evaluator			
2.	Please print in black ballpoint pen or type filling in ALL information requested. Do not attach or substitute a résumé in lieu of this application. IF HAND PRINTED, ALL INFORMATION MUST BE LEGIBLE.				
3.	Failure to complete all sections may result in your application being returned for completion. This may cause considerable delay and may preclude you from exam participation.	Date			
4.	Your application and all attachments become the property of the Gaming Control Board and cannot be returned. Therefore, original letters such as recommendations or training certificates should not be submitted with your application.		Accept	Reject	
Tit	le of position for which applying				
Na	meLast First		Middle		
Cu	rrent resident address		State	Zip	
Cu	rrent mailing address		State	Zip	
Re	sidence telephone ()Business telephone ()		r	
So	cial Security No/				
	n you, after employment, submit verification of your legal right to work permanently in the lited States? (Proof will be required.)		Yes	☐ No	
and If y sen	1. A moving traffic violation within the last seven years?	d in ation)?	Yes Yes	No No	
ma Ad	e Gaming Control Board is, in some instances, a 24-hour, 7-day-a-week organization. You be required to work various hours, days, or shifts, including holidays and weekends. Iditionally, extensive travel may be required. Would you be willing to work under these aployment conditions?		☐ Yes	□ No	
	e Gaming Control Board has offices throughout the State. Please mark the following geoma(s) in which you would be willing to work:	graphic			
	☐ Carson City ☐ Elko ☐ Las Vegas ☐ Laughlin ☐ Reno				
	Comments				

Licens	e/Certificates:						
	Driver's License No				State		
	Class	Expiration date					
	Professional License/Certif	ication/Registration:					
			EDUCATIO	ON			
Elemen	ntary/High School:						
Name of	of school last attended						
School	address	Street		City		State	Zip
Circle l	highest grade attended:		5 6 7	8 9 10 11	. 12		•
Did yo	u graduate? Yes	☐ No					
	did not graduate from high ses" complete the following.)		certificate?	Yes	No		
G.E.D.	Other		Date	received		Grade	
College	e or University: (Please att	ach a copy of your co	llege transcript.)				
Name o	of school						
School	address	Street		City		State	Zip
Date(s)	attended: From			•		Since	
	u receive a degree? Y					Year	
Semest	er creditsQuarters of	completedMa	njor		_Minor		
Gradu	ate School:						
Name o	of school						
School	address	Street		City		State	Zip
Date(s)	attended: From	Year				Sinc	∽ıh
Did yo	u receive a degree?					Date	
Work t	aken						

Business, Trade, Technical, or Vocational School:									
Name of school last at	tended								
School address	School address								
Date(s) attended: From			OMonth	/		r			
Class hours per day			Yes] No					
Title of program or classes taken									
Special Training: (Courses, seminars or classes including any P.O.S.T. course(s), related to position for which you are applying.)									
Course Title	Presented by	Dat From	To	Hours Completed	Major 1	Emphasis of Course	urse		
List professional societies, organizations, memberships and groups that are job related List computer hardware and software in which you have experience									
EMPLOYMENT HISTORY NOTE: Beginning with your most recent employment, please complete the following information. If additional space is needed to list all of your past experience, please use additional paper maintaining the following format.									
From/_	From/Current or last employer								
To/Your title									
Gross Annual Salary	: Addre	PSSNumber	Street		City	State	Zip		
Start: \$						No. of employees			
End: \$ Type of busine						_you supervised			
May we contact emplo	oyer? Dutie	s							
Yes No									
Full-time									
(40 Hours per week) Part-time Hours per wee	fic reason for	leaving							

${\bf EMPLOYMENT\; HISTORY\; -}\; (Continued)$

From/	Employer	
To/	Your title	
Gross Annual Salary:	Address	State Zip
Start: \$	Phone ()Supervisor	·
End: \$		No. of employees you supervised
Full-time (40 Hours per week)	Duties	
Part-time (Hours per week)		
	Specific reason for leaving	
From/	Employer	
To/	Your title	
Gross Annual Salary:	Address Street City	State Zip
Start: \$	Phone ()Supervisor	
End: \$		No. of employees you supervised
Full-time (40 Hours per week)	Duties	
Part-time (Hours per week)		
	Specific reason for leaving	
From/	Employer	
To/	Your title	
Gross Annual Salary:	Address	State Zip
Start: \$	Phone ()Supervisor	
End: \$		No. of employees you supervised
Full-time (40 Hours per week)	Duties	
Part-time (Hours per week)		
	Specific reason for leaving	

If you are appointed to a Gaming Control Board position, it will be your responsibility to familiarize yourself with the restrictions, prohibitions and conditions of employment. Are you willing to proceed in obtaining this information?		Yes	□ No
A background investigation will be conducted in order to verify the accuracy and completeness of statements contained on the application and to obtain information relevant to predicting successful performance as a Gaming Control Board employee. Are you willing to accept this as a condition of employment?		Yes	□ No
I DECLARE MY ANSWERS to the questions on this application are true and correct to the best of many information. I understand any false statement or omission of information may be cause for any employment with the Gaming Control Board. In connection with this application, I authorizacting on its behalf to conduct an inquiry into any information related to my potential or continuationize the release of any such information, including, but not limited to, any criminal conviction release the State of Nevada and any agent acting on its behalf from any and all liability of whats such information from any person.	forfeituze the S nued en on on m	re on my tate of Ne ployment y record.	part of all rights to evada and any agent t with the State and Moreover, I hereby
Applicant's Signature		Date	